

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-009936

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 670

1. PLACE OF DEATH a. COUNTY SAINT LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE ARKANSAS b. COUNTY BRADLEY	
b. CITY (If outside corporate limits, give TOWNSHIP only) JEFFERSON BARRACKS, MO.		c. CITY OR TOWN WARREN	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VETERANS ADMINISTRATIVE HOSPITAL		d. STREET ADDRESS (If outside, give location) 113 WEST CYPRESS STREET	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First SELVIN Middle S. Last STEWART		4. DATE OF DEATH Month FEB Day 24 Year 1963	
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH 1-23-1893 9. AGE (last birthday) 70 YEARS
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMING		10b. KIND OF BUSINESS OR INDUSTRY AGRICULTURAL	11. BIRTHPLACE (City and state or country) JOHNVILLE, ARKANSAS
12. CITIZEN OF WHAT COUNTRY USA		13. FATHER'S NAME BILLIE STEWART	
14. MOTHER'S MAIDEN NAME NONE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW-I	
16. SOCIAL SECURITY NO. XXXX-XX-XXXX		17. INFORMANT LESTER L. STUART 403 JACKSON STREET	
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY) IMMEDIATE CAUSE (a) TUBERCULOUS PNEUMONITIS DUE TO (b) PULMONARY TUBERCULOSIS DUE TO (c) _____ CONDITIONS, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH 2 WEEKS 18 YEARS	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) OLD HEALED TUBERCULOSIS, ALL LOBES		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY _____ STATE _____	
21. <input checked="" type="checkbox"/> attended the deceased from 10-9-62 to 2-24-63 Death occurred at 2:15 AM on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>John J. Mueller</i> (Degree or title) M.D.		22b. ADDRESS VET.ADM.HOSP., JEFF. BRKS 25, MO.	
22c. DATE SIGNED 2-26-63		23a. BURIAL / CREMATION, REMOVAL (Specify) Burial	
23b. DATE Feb. 27, 1963		23c. NAME OF CEMETERY OR CREMATORY National Cemetery	
23d. LOCATION (City, town, or county) Jefferson Barracks, Mo.		23e. DATE RECD. BY LOCAL REG. 2-26-63	
24. FUNERAL DIRECTOR C. Horneister Mortuaries 7814 So. Broadway St. Louis 11 Mo.		25. REGISTRAR'S SIGNATURE <i>John B. Murphy M.D.</i>	

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

James C. Hoffmann

Licensed Embalmer No. 3871

P. O. Address 7814 J. Broadway

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.